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## BIB DATA SHEET

CONFIRMATION NO. 4608

<b>SERIAL NUMBER</b> 10/572,667	<b>FILING or 371(c) DATE</b> 01/13/2009 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> C0875.70019US02		
<b>APPLICANTS</b> Paul Rufo, West Roxbury, MA; Wayne I. Lencer, Jamaica Plain, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US2004/030813 09/20/2004 which claims benefit of 60/504,516 09/18/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/24/2009						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PAUL E ZAREK/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> WOLF GREENFIELD & SACKS, P.C. 600 ATLANTIC AVENUE BOSTON, MA 02210-2206 UNITED STATES						
<b>TITLE</b> TREATMENT OF SEVERE DISTAL COLITIS						
<b>FILING FEE RECEIVED</b> 1930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			